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BAKER BOTTS LLP

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number A34628 066123.0109 First Named Inventor Wani et al. <hr/> COMPLETE IF KNOWN	
		Application Number 09/944,497	
		Filing Date August 31, 2001	
		Group Art Unit 1614	
		Examiner Name TBA	
<input type="checkbox"/> Declaration Submitted with Initial Filing		<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	
OR			

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A PHARMACEUTICAL COMPOSITION USEFUL FOR INHIBITION OF OSTEOCLAST FORMATION AND A PROCESS FOR THE EXTRACTION OF MUSSEL HYDROLYSATE FROM INDIAN GREEN MUSSEL

(Title of the Invention)

the specification of which

is attached hereto
OR
 was filed on (MM/DD/YYYY) **08/31/2001** as United States Application Number or PCT International

Application Number 09/944,497 and was amended on (MM/DD/YYYY) (if applicable).

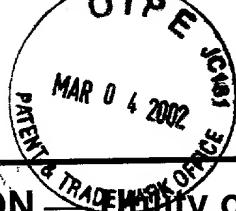
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuing applications, material information which became available between the filing date of the prior application and the national

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's

or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.



DECLARATION ~~TRADEMARK~~ **Utility or Design Patent Application**

Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

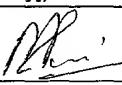
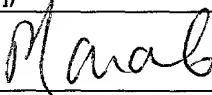
Provisional Application Number	Filing Date

Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120

(complete this part only if this is a divisional, continuation or C-I-P application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior applications(s) and the national or PCT international filing date of this application:

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	21003	OR <input checked="" type="checkbox"/>	Correspondence address below
Name					
Address					
City		State	ZIP		
Country		Telephone	Fax		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Wani Family Name or Surname			
Inventor's Signature 		Date 9/12/2001			
Residence: City Pune		State Maharashtra	Country India	Citizenship Indian	
Mailing Address National Center for Cell Sciences, NCCS Complex, Geneshkhind					
Pune		State Maharashtra	ZIP 411 007	Country India	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		Parab Family Name or Surname			
Inventor's Signature 		Date 9/12/2001			
Residence: City Pune		State Maharashtra	Country India	Citizenship Indian	
Mailing Address National Center for Cell Sciences, NCCS Complex, Geneshkhind, Pune-411 007					
Pune		State Maharashtra	ZIP 411 007	Country India	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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Please type a plus sign (+) inside this box → **+**

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____	
Name of Additional Joint Inventor, if any: Given Name (first and middle [if any]) Anil		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname Chatterji	
Inventor's Signature <i>(A. Chatterji)</i>		Date <i>6/12/2001</i>	
Residence: City Pune State Maharashtra		Country India Citizenship Indian	
National Institute of Oceanography Mailing Address			
Mailing Address City Dona Paula State Gao ZIP 403 004 Country India			
Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State Country Citizenship	
Mailing Address			
Mailing Address City State ZIP Country			
Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State Country Citizenship	
Mailing Address			
Mailing Address City State ZIP Country			